

Check A Box
Patented Specimens

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 10-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09/889097

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3						
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13	1		1			
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48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			11			
TOTAL CLAIMS			13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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TOTAL IND.						
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TOTAL CLAIMS						